

ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007
PHONE (602) 364-1PET (1738) FAX (602) 364-1039
VETBOARD.AZ.GOV

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AUG 6 2018

BY:

COMPLAINT INVESTIGATION FORM

If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian

PLEASE PRINT OR TYPE

FOR OFFICE USE ONLY

Date Received: Aug 6, 2018

Case Number: 19-12

A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:

Name of Veterinarian/CVT: Gordan Vergason
Premise Name: Premeir Pet Hospital
Premise Address: 3322 N. Glassford Hill Rd.
City: Prescott Valley State: Az. Zip Code: 86314
Telephone: 928) 460-4211

B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT*:

Name: Gennifer Campbell
Address: [REDACTED]
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 41-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.

C. PATIENT INFORMATION (1):

Name: Izzy Campbell
Breed/Species: Terrier mix
Age: 1 yr. 2 m. Sex: Female Color: tan, fawn & white

PATIENT INFORMATION (2):

Name: _____
Breed/Species: _____
Age: _____ Sex: _____ Color: _____

D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:

Please provide the name, address and phone number for each veterinarian.

Premeir Pet hospital - Dr. Vergason 928) 460-4211

Chino Valley Animal hospital - Dr. Kahan

Dr. Fernandez

928) 227-5703

E. WITNESS INFORMATION:

Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.

Attestation of Person Requesting Investigation

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: Izzy Campbell

Date: Aug. 2, 2018

F. ALLEGATIONS and/or CONCERNS:

Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.

On the morning of the 15th of June, I called Dr. Vergason's emergency line. I told him my dog, Izzy who he has seen before was given some bones. I told him she had been throwing up all night and lethargic. He said to bring her in that day. After running tests and x-rays he sent my home with something to give her orally hoping the bones would work their way out.

After several hours my dog's condition was worse, she was in and out of it, shallow breathing. I called back, was told to bring her back in.

After more x-rays, she still hadn't passed the bones so he decided abdominal surgery was best.

hours later, he called, said she was on IV's and doing ok. I then picked her up the next day at 1pm.

When I picked her up, she had a large opening from her incision with staples. I thought the wound looked odd, but thought it was just normal. the staples were not all the way in, some were just hanging on, the wound was bloody and oozie looking, it looked very unclean.

I took her home, was directed to orally give her

6 different meds and watch her.

I took off work to be with her and watch her. By 3 days later she was not eating at all, barely moving, lethargic, acting disorientated, whimpering a lot and her wound was hot to the touch, oozing and looked very infected.

The PR told me to come back in, he said she had an abscess and infection. By this time I had already paid him ~~\$2000.00~~ \$2029.54. I was not able to pay him any more money. I told him this and he said "I'm a new business here and cannot help you out without you paying me upfront." I said I could make payments, he said "No." I said well I need to go to another vet then that will help me, he said ok, for me to do that.

I then took her to a second vet ASAP, they then looked at her. Said she was very sick. They then did surgery the next morning to flush her out.

I got a call from the vet, that she was septic and necrotic and passed away. The vet said she had an infection very early on.

I truly believe Dr. Vergason caused her infection and her very unfortunate death, that could've been taken care of sooner. I am asking for full reimbursement of what I paid Dr. Vergason please! This was very tragic and horrible and sudden. She was young still and now I am stuck with this bill.

I have pictures to provide, as well as documents.

also, her wound was never bandaged.

Heather Angell

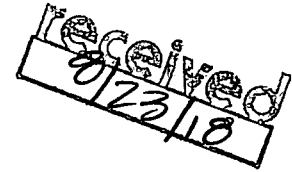
Aug, 2, 2018



Izzy Campbell Narrative by Gordon Vergason DVM Premier Pet

August 21, 2018

Tracy Riendeau
Arizona State Veterinary Medical Examining Board
9535 East Doubletree Ranch Road, Suite 100
Scottsdale, Arizona 85258



Re: Gordan Vergason (19-12)

To Whom It May Concern:

On the Sunday morning of 6/17/18 at 9:24 am, Izzy Campbell presented with her owner Jennifer Campbell with a history of vomiting 4 times after being fed pork bones the night before. His PE revealed mild dehydration/cranial abdominal discomfort on palpation. Abdominal radiograph revealed moderate gastric distension with a large amount of mineralized material consistent with pork bone ingestion. No passage of material into the small intestine noted consistent with obstruction.

I advised the owner that in my experience, canines are unable to digest pork bones and that I was concerned that Izzy had a gastric obstruction. I advised the owner that the best chance for survival for Izzy would be to proceed with surgical removal of her stomach contents. I advised the owner that getting Izzy to eat post op may be difficult given the damage caused by the pork bones to the stomach lining. I discussed a case that I had seen at the EAC 9 years ago in which pork rib bones had shredded the mucosal lining of the entire GI tract and the pet bled internally and was euthanized. I discussed Izzy's potential of GI perforation, internal GI bleeding, etc. The owner stated that she had severe financial constraints, declined surgery and elected conservative care, stating she would call me and return if Izzy did not recover.

The owner returned in the late afternoon stating that Izzy had not improved. She reported that she had been approved for Care Credit. She then consented to surgery.

Pre-op blood work anomalies noted discussed with the owner pre-operatively as noted in line item in medical record. Gastrotomy and abdominal exploratory performed with standard technique without event as noted in the medical record. The surgical closing was complete and remained so until Izzy was discharged.

Izzy recovered well and was released the following day (6/18/18), with strict instructions for required post-operative care and administration of medications.

In the following days during my conversations with Izzy's owner, she reported that she was unable to administer medications, and that Izzy was left unattended without e-collar use. I advised her that medication administration, water intake, and E-collar use were critical to her recovery.

Based upon Izzy's status on recheck on 6/20/18, it was apparent that incision lick excoriation was allowed and my dispensed antibiotic was not properly administered. Many of the surgical incision staples were loose and some were missing. Dehiscence and seropureint effusion were noted at the caudal portion of the incision. I recommended re-admittance for care with IV fluids and antibiotics. The owner stated that she was unable to afford additional care. I again reminded her that medication administration and E-collar use were critical to recovery and that Izzy may die without proper care. At that time, I provided care free of charge to include copious in-

Izzy Campbell Narrative by Gordon Vergason DVM Premier Pet

cision flush with dilute chlorhexidine solution, replacing the lick-excoriated staples except the caudal last 1/2" to allow for drainage, and dispensing enrofloxacin.

During my status check by phone call on 6/21/2018, the owner reported that Izzy had not been getting her antibiotics. I again advised the owner that it is critically important that she be administered both antibiotics and Izzy could become critically ill without them. She stated that she would keep her recheck exam for the next day. The owner advised us later that day that she was going to another practice that could take payments.

On 6/22/18 the owner called to report that Izzy had passed during care at another hospital. She was distraught and stated that she felt that she had done something wrong to cause Izzy's passing. With my intent to not increase her pain, I did not confirm that and simply stated that she could call at any time with questions to help her through her pain for Izzy's loss.

While I sympathize with the owner for their loss, I feel that had the owner followed the detailed discharge instructions with regard to the use of the e-collar and administered prescribed medications, Izzy would be alive and healthy today.

Gordon M. Vergason DVM



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INVESTIGATIVE COMMITTEE REPORT

TO: Arizona State Veterinary Medical Examining Board

FROM: PM Investigative Committee: Donald Noah, D.V.M. - Chair
Amrit Rai, D.V.M.
Adam Almaraz - **Absent**
Christine Butkiewicz, D.V.M.
William Hamilton

STAFF PRESENT: Tracy A. Riendeau, CVT – Investigations
Victoria Whitmore, Executive Director
Michael Raine, Assistant Attorney General

RE: Case: 19-12
Complainant(s): Gennifer Campbell
Respondent(s): Gordon Vergason, DVM (License: 4398)

SUMMARY:

Complaint Received at Board Office: 8/6/18
Committee Discussion: 11/6/18
Board IIR: 12/12/18

APPLICABLE STATUTES AND RULES:

Laws as Amended April 2018
(Green); Rules as Revised
September 2013 (Yellow)

On June 17, 2018, "Izzy," a 1-year-old female Terrier mix was presented to Respondent after ingesting pork bones the previous day. Radiographs were performed and surgery was recommended. Complainant declined due to financial constraints and elected conservative treatment.

Later that day, due to no improvement, Complainant returned with the dog and approved surgery. The surgery was performed and the dog was discharged the following day with antibiotics.

On June 20, 2018, the dog was not improving and Respondent recommended hospitalization for IV fluids and antibiotics. Complainant declined due to financial limitations therefore the dog was discharged after receiving some incision care.

On June 21, 2018, the dog was presented to Chino Valley Animal Hospital where exploratory surgery was performed. During the procedure the dog arrested and passed away.

Complainant was noticed and did not appear.

Respondent was noticed and appeared with counsel, David Stoll.

The Committee reviewed medical records, testimony, and other documentation as described below:

- Complainant(s) narrative: *Gennifer Campbell*
- Respondent(s) narrative/medical record: *Gordon Vergason, DVM*
- Consulting Veterinarian(s) narrative/medical record: *Chino Valley Animal Hospital*

PROPOSED 'FINDINGS of FACT':

1. On June 17, 2018, the dog was presented to Respondent with a history of vomiting four times after eating pork bones the night before. Upon exam, the dog had a weight = 10.65 pounds, a temperature = 100.3 degrees, a heart rate = 110bpm and a respiration rate = pant; the abdomen palpated tense in cranial abdomen. Radiographs were performed and revealed a gastric opacity.

2. Respondent stated in his narrative that radiographs were consistent with pork bone ingestion and advised Complainant that in his experience, dogs were unable to digest pork bones and was concerned the dog had a gastric obstruction. He recommended surgical removal of the stomach contents. Complainant declined due to financial constraints and elected conservative treatment. The dog was administered and discharged with the following:

- a. Cerenia injection 10mg/mL (route unknown);
- b. SQ fluids (type and amount unknown); and
- c. Laxatone 2.5oz; 1 tube (amount and frequency unknown).

3. Later that afternoon, the dog was brought back to Respondent due to her condition worsening; T = 101.3 degrees, P = 110bpm, R = 60rpm. Complainant consented to surgery. Blood work was performed, an IV catheter was placed and Normosol-R fluids were initiated. the dog was pre-medicated with buprenorphine, midazolam, and ketamine and induced with propofol; maintained on isoflurane.

4. Respondent entered the dog's abdomen; no free fluid noted, exterior of the stomach grossly inflamed, and no sign of GI perforation. The intestinal tract was palpated and visualized – no foreign body noted. The stomach was incised and copious amounts of bone chards were removed from the stomach. The stomach was digitally inspected for additional material and none was found. Respondent closed the stomach, abdomen, subcutaneous, and the skin was closed with staples and tissue adhesive. The dog remained on IV fluids and was hospitalized overnight.

5. The following day, the dog was examined, IV fluids (LRS? Surgical sheet states Normosol R) were decreased and the dog urinated outside. The dog was administered buprenorphine, cerenia, famotidine, carafate and ampicillin (slowly, twice that day). The dog showed no interest in food and mirtazapine was administered. The dog was discharge later that day with the following:

- a. Carafate 1gm/10mL; give 3mL by mouth every 8 hours until gone. Give 1 hour before or 2 hours after food or other medication;
- b. Tramadol 50mg, 7 tablets; give ¼ tablet orally every 12 hours for 3 days as needed for

pain;

- c. Cerenia 16mg, 4 tablets; give ½ tablet orally until gone;
- d. Mirtazapine 7.5mg, 1 tablet; give ½ tablet orally every 24 hours as needed for appetite stimulant; and
- e. Amoxicillin/Clavulanate 125mg, 14 tablets; give 1 tablet orally every 12 hours until gone.

6. According to Complainant, when she picked up the dog, there was a large opening from the incision; the staples were not secure and the incision was bloody/oozing. She assumed this was normal and took the dog home. Complainant stated that she stayed home from work to care for the dog. Three days later, the dog was not eating, lethargic, disoriented, whimpering and barely moving; the incision appeared infected.

7. On June 20, 2018, the dog was presented to Respondent due to not eating and discharge from incision. Upon exam, the dog had a weight = 9.5 pounds, a temperature = 102.2 degrees, a heart rate = 170bpm and a respiration rate = 50rpm. Respondent noted that the caudal half of the incision site had serosanguineous discharge with loose or missing staples. He stated in his narrative it was apparent that the dog was licking the incision and the antibiotic was not being properly administered. Complainant had reported to Respondent that she was unable to administer medications and the dog was left unattended without Elizabethan collar use.

8. Respondent recommended hospitalization for IV antibiotics and incision care – Complainant declined due to financial constraints. Respondent provided incision care free of charge. The last half of the incision had a small amount of purulent discharge expressed during wound care. The incision was flushed with dilute chlorhexadine and the staples were replaced leaving the last ¼ inch open for drainage. The dog was discharged with enrofloxacin; 22.7mg, 7 tablets; one tablet every 24 hours. It was also recommended to cover the dog's abdomen with a shirt.

9. On June 21, 2018, the dog was taken to Dr. Kahan at Chino Valley Animal Hospital for a second opinion. Complainant explained she had no money and could not return to Respondent's premise. The dog was examined, baby food was offered and the dog ate. Radiographs were performed and a loss of detail in the abdomen was noted. Blood work revealed pancreatitis and the dog was started on IV fluids, orbax, ampicillin, buprenex and entice.

10. Dr. Fernandez, Dr. Kahan's associate, evaluated the dog for exploratory surgery scheduled for the next day. When the abdomen was palpated, significant serous discharge poured from the incision.

11. On June 22, 2018, the dog underwent exploratory laparotomy – the skin was infected and friable, the liver and stomach had a large amount of adhesions with omentum. Dr. Fernandez broke down the adhesions, the incision into the stomach was leaking and sutured 4-0 web max over inverting pattern. He went over the small intestines and noted severe adhesions – 10 centimeters had very poor color and petechial hemorrhage. Dr. Fernandez started intestinal resection when the dog went into cardiac arrest; CPR was unsuccessful and the dog passed away. Complainant was contacted and advised that the dog had severe peritonitis and died from septic shock.

COMMITTEE DISCUSSION:

The Committee discussed that the surgery was appropriate to perform, the dog appeared fine upon discharge and it appears complications occurred after being sent home which can happen.

There were some medical record keeping concerns related to communications surrounding surgery recommendations not being documented, however it is not a requirement and it would not have changed the situation.

The Committee discussed that there were some financial issues in this case and felt Respondent handled the case appropriately with the limitations placed upon him.

COMMITTEE'S PROPOSED CONCLUSIONS of LAW:

The Committee concluded that no violations of the *Veterinary Practice Act* occurred.

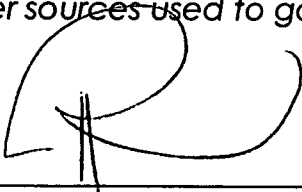
COMMITTEE'S RECOMMENDED DISPOSITION:

Motion: It was moved and seconded the Board:

Dismiss this issue with no violation.

Vote: The motion was approved with a vote of 4 to 0.

The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.

A handwritten signature in black ink, appearing to be 'TRACY A. RIENDEAU', written over a horizontal line.

Tracy A. Riendeau, CVT
Investigative Division